

Bupa Care Services NZ Limited - Longwood Rest Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

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| Legal entity: | Bupa Care Services NZ Limited |
| Premises audited: | Longwood Rest Home |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 26 July 2022 End date: 26 July 2022 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 41 |

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

| Indicator | Description | Definition |
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|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |

| Indicator | Description | Definition |
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| | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
| | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

General overview of the audit

Bupa Longwood provides hospital (geriatric and medical) and rest home level of care for up to 52 residents. There were 41 residents on the days of audit.

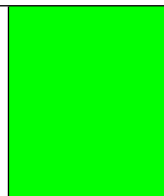
This surveillance audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Te Whatu Ora- Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff, and a general practitioner.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (RN). The service continues to implement the Bupa quality systems and processes. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This surveillance audit identified a shortfall around expired first aid certificates.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

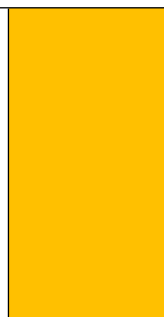


Subsections applicable to this service fully attained.

The organisation is working towards developing relationships with Pasifika groups to assist in the development of a Pacific Health plan. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented. Bupa Longwood Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. | | Subsections applicable to this service fully attained. |
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Registered nurses are responsible for each stage of service provision. Residents' records reviewed, provided evidence that the registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans demonstrate service integration.

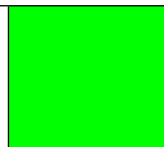
The activities calendar provides activities for both rest home and hospital residents. The programme includes outings, community outings, entertainment and activities that promote and encourage individual recreational, physical, and cognitive abilities for the consumer group.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. Electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Food preferences, and dietary requirements of residents are identified at admission and all meals are cooked on site. The service has a current food control plan. The organisational dietitian reviews the Bupa menu plans.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

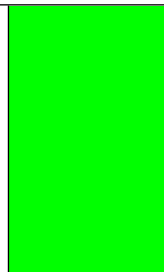


Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All hoists and medical equipment have been serviced and calibrated. The building has an approved evacuation scheme. There is an emergency management plan and appropriate equipment for responding to emergencies available.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit, and these have been well documented.

Here taratahi | Restraint and seclusion

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| Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. | | Subsections applicable to this service fully attained. |
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The restraint coordinator is a registered nurse. There were residents were listed as using restraints. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and are only use an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 16 | 0 | 0 | 1 | 0 | 0 |
| Criteria | 0 | 43 | 0 | 0 | 1 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
|-------------------|--|------------------------------|--|--------------------------------|--|
| Subsection | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 0 | 0 | 0 | 0 |

Attainment against the Ngā Paerewa Health and Disability Services Standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

| No data to display | | |
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| Subsection with desired outcome | Attainment Rating | Audit Evidence |
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | The general manager confirmed that the service supports a Māori workforce with staff identifying as Māori (or having whānau connections) at the time of the audit. |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p> | Not Applicable | Bupa plans to partner with a Pasifika organisation and/or individual to provide guidance and to ensure the development of a Pacific health plan focuses on achieving equity and efficient provision of care for Pasifika. |

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| <p>Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | | |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>Not Applicable</p> | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The Bupa organisation is actively working to ensure that Māori mana motuhake is recognised</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Signage in te reo Māori is in place in various locations throughout the facility. Interviews with staff (one registered nurse and two enrolled nurses, six caregivers, one maintenance, one cook, and two activities assistants) confirmed their understanding of Tikanga best practice with examples provided in relation to their role. Te reo Māori is celebrated during Māori language week. A tikanga Māori flip chart is available for staff to use as a resource. Cultural awareness training is provided annually. Additional, more specific, Māori cultural training for staff has been introduced with non-clinical staff completing this training and clinical staff training scheduled.</p> <p>Staff are supported to attend te reo classes. The management and staff work in partnership with residents (including those with disabilities) and whānau to ensure residents who choose to have the opportunity to participate in te ao Māori.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> | <p>FA</p> | <p>Bupa policies prevent any form of discrimination, coercion,</p> |

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| <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | | <p>harassment, or any other exploitation.</p> <p>Work is underway to ensure that a strengths-based and holistic model is prioritised to ensure wellbeing outcomes for any future Māori residents. There were no residents identifying as Māori at the time of the audit.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p> | FA | <p>The complaints procedure is provided to residents and relatives on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically on RiskMan. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were two complaints in 2021 and one in 2022 (year-to-date) documented in the complaint register. Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent correlating corrective</p> |

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| <p>complaints in a manner that leads to quality improvement.</p> | | <p>actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Interviews with residents and relatives confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held two-monthly (covid restrictions allowing), meeting minutes reflected discussions with residents around what is going well and what could be improved. The contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents/relatives making a complaint can involve an independent support person in the process if they choose.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>Not Applicable</p> | <p>Bupa Longwood is located in the coastal village of Riverton in Southland. The facility is a purpose-built facility across one level. The service is certified to provide care for rest home, and hospital (geriatric and medical) care for up to 52 residents.</p> <p>There are 18 dual purpose beds. On the day of the audit there were 41 residents; 17 rest home including one resident on respite, and 24 hospital; including one younger resident with a disability (YPD), one part funded by ACC, and one resident funded by ACC. The remaining residents were under the age-related residential care contract (ARRC).</p> <p>Plans are in place for the board and senior managers to attend cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. Work is underway to collaborate with mana whenua in business planning and service development to ensure equity for Māori and tāngata whaikaha.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement the te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed. Work is underway to collaborate with</p> |

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| | | <p>mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori. Barriers to health equity will also be addressed.</p> <p>The general manager who is a registered nurse (RN) with a current practicing certificate, and has been in the role for eight years, the general manager is supported by an experienced clinical manager (RN) who has also been in the role for eight years. They are supported by the regional manager, and a team of experienced long-standing staff. The management team report the turnover of staff has been relatively low with staff retiring or leaving due to illness. The service is working in partnership with another local Bupa facility who are assisting Bupa Longwood with registered nurse cover.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning and infection control teleconferences.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Bupa Longwood are implementing the established organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Bi-monthly quality meetings and monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends in data are posted in the staffroom. Corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign off when completed.</p> <p>The 2021 resident satisfaction surveys indicate that residents have</p> |

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| | | <p>reported high levels of satisfaction with the service provided. Results have been communicated to residents in resident meetings (meeting minutes sighted). No corrective actions were identified.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week and when required. Strategies implemented to reduce the frequency of falls including assigning lounge carers to supervise residents, high falls indicators on resident walkers, provision of non-slip socks for high-risk residents, intentional rounding and the regular toileting of residents who require assistance. Transfer plans are assessed and evaluated by the physiotherapist and placed in the resident's room. Hip protectors are available for at-risk residents who consent to wearing them. Residents are encouraged to attend daily exercises.</p> <p>Electronic reports using RiskMan are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in fifteen accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs on a national level against other Bupa facilities. The RiskMan system generates a report that goes to each operational team/governance team and also generates alerts depending on the risk level. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Neurological observations were consistently recorded as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical manager and unit coordinator.</p> <p>Discussions with the care home manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been</p> |
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| | | <p>section 31 notifications completed to notify HealthCERT around issues relating to staffing and pressure injuries. There have been two outbreaks since the previous audit which were appropriately notified.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori, and to ensure that a critical analysis of practice is undertaken to improve health equity</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Moderate</p> | <p>There is a staffing policy that describes rostering requirements. The documented rosters reviewed provided sufficient and appropriate coverage for the effective delivery of care and support, and all registered nursing shifts have been covered. At the time this audit was undertaken, there was a significant national health workforce shortage. Bupa Longwood have had a number of staff affected by Covid, and at the time of the audit, were not accepting hospital level admissions to the facility. Due to RN staffing shortages Te Whatu Ora Southern has worked collaboratively with Bupa Longwood and have approved the use of the emergency telehealth service to provide clinical advice after hours. A sister facility in Invercargill have been assisting Longwood with RN cover where possible. In the case of no RN availability, an enrolled nurse is on site with an extra caregiver, the managers (who live close by) on call, and the telehealth service for clinical advice. Both managers' report they have attended after hours to assist the EN on shift. This arrangement has been approved by the portfolio manager at Te Whatu Ora Southern.</p> <p>Interviews with staff confirmed that their workload is overall manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Due to covid restrictions around 50% of staff have not been able to renew first aid certificates . . .</p> <p>The care home manager (non-clinical) and clinical manager are available Monday to Friday. On call cover is covered by the general manager and clinical manager.</p> <p>Rostering is assigned by unit as follows:</p> |

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| | <p>Hospital wing; 15 residents.</p> <p>Morning shift: There is one RN rostered from 6.45am to 3pm and an enrolled nurse from 7am to 3pm three to four days a week (as able). They are supported by three caregivers from 7am to 3pm.</p> <p>Afternoon shift has one RN from 2.45pm to 11pm and one EN from 3pm to 9pm (flexi till 10pm when required).</p> <p>They are supported by three caregivers: 1x 3pm to 11pm, 1x 3pm to 10pm, and 1x 3pm to 9pm.</p> <p>Rest home wing 11 residents</p> <p>Morning shift has one enrolled nurse or caregiver rostered from 7am to 3.15pm, afternoon shift has one RN or caregiver rostered from 3pm to 11.15pm.</p> <p>Dual Purpose unit 15 residents (seven hospital and eight rest home)</p> <p>Morning shift has one EN or caregiver from 7am to 3.15pm and one caregiver from 7am to 3pm.</p> <p>Afternoon shift has one caregiver or EN from 3pm to 11.15 and one caregiver from 3pm to 9.30pm.</p> <p>Nightshift for the facility is covered by one RN and two caregivers or three caregivers and one enrolled nurse with the emergency telehealth service.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. Staff last attended cultural awareness training in 2021. Plans are in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi.</p> |
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| | | <p>Work is underway to ensure that the service invests in the development of organisational and staff health equity expertise.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. The Bupa orientation programme qualifies new caregivers at a level two New Zealand Qualification Authority (NZQA).</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Level four caregivers complete many of the same competencies as the RN staff (e.g. restraint, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, wound management, nebuliser). Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Eight registered nurses, the three-unit coordinators and the clinical manager are all interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year and to commence and complete professional development recognition programme (PDRP). All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible. External training opportunities for caregivers include training through the local hospital, and hospice. All caregivers are required to complete annual competencies for restraint and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training. Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. Staff welfare is promoted through provision of healthy lunches fortnightly and regular cultural days and shared lunches. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations.</p> |
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| | | The collection and sharing of Māori health information is included in the KPI data collated, analysed, and shared with staff. |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa recruitment office advertise for and screen potential staff including collection of ethnicity data. Once they pass screening, suitable applicants are interviewed by the Bupa Longwood general manager. Staff paper files are held in the administration office in a locked filing cabinet and on a secure online electronic programme. Five staff files reviewed (four caregivers, one RNs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code. This document includes but is not limited to the Bupa values, responsibility to maintain safety, health and wellbeing, privacy, professional standards, celebration of diversity, ethical behaviour and declaring conflicts of interest. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p> |

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| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>Not Applicable</p> | <p>The general manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which is shared with the regional operations manager and customer liaison officer, at present these records do not currently capture ethnicity data.</p> <p>Bupa Longwood identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There were residents identifying as Māori. The service is working towards developing meaningful partnerships with Māori communities and organisations to benefit residents and their whānau. The service has a relationship with a Kaumatua and Runanga who would be available to provide support for residents and whānau where required.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Five resident files were reviewed: (three at hospital level, two rest home including one resident on respite). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service uses the Bupa assessment booklets and person-centred templates (My Day, My Way) for all residents. This and an initial support plan completed are within 24 hours of admission. The assessment booklet includes falls, Braden pressure area, skin, mini nutritional, continence, pain (verbalising and non-verbalising), activities and cultural assessment. Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. The nurses interviewed describe supporting past Māori residents and whānau to identify their own pae ora outcomes in their care or support plan.</p> |

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| | | <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timescales for all resident files reviewed. InterRAI assessments sampled had been reviewed six monthly and care plans reviewed had been evaluated within the required six-month timeframe with written progress towards goals. Evaluations were completed six monthly or sooner for a change in health condition.</p> <p>All residents had been assessed by the general practitioner (GP) or nurse practitioner (NP) within five working days of admission. The service GP or NP visits weekly. The GP service also provides out of hours cover. The NP (interviewed) was complimentary regarding the standard of care, the rapport the staff have with residents and how they treat them as their own family. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A contracted physiotherapist is contracted and visits for 2-4 hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora Southern. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily and as necessary by caregivers and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or a RN initiates a review with a GP/NP. Family was notified of all changes to health including infections, accident/incidents, GP/NP visit, medication changes and any changes to health status. A family/whānau contact sheet records family notifications and discussions.</p> |
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| | | <p>A wound register is maintained. There is access to the local wound nurse specialist this was evidenced in the clinical records. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including wound care supplies and pressure injury prevention resources. Incident reports and section 31 notifications were sighted for the pressure injuries. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for eight residents with wounds (four skin tears, one friction injury, one wound infection and two skin conditions). Wound dressings were being changed appropriately in line with the documented management plan. There was one resident with a pressure injury on the day of audit (one stage four).</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. The service extends this monitoring period as required in order to get an accurate picture of resident need as required. Care plans reflected the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts including bowel chart, blood pressure, restraint monitoring, turning charts, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</p> <p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The GP/NP reviews the residents at least three monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short term care plans were utilised for issues such as infections, weight loss, and wounds. The GP/NPs record their medical notes in the integrated resident file.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> | <p>FA</p> | <p>Bupa Longwood employs one full-time diversional therapist and two part-time activities assistants who lead and facilitate the activity programme six days per week in the rest home and hospital areas.</p> |

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| <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | | <p>Residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities. Residents who do not participate regularly in the group activities, are visited for one-on-one sessions. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The service provides a range of activities such as crafts, exercises, housie, cooking, quizzes, sing-alongs, movies, guided and pampering sessions. Community visitors include entertainers, church services and 'canine friends' therapy visits. Themed days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. The residents are able to enjoy the knitting, baking and flower arranging club. Residents contribute to community activities by making Christmas cards for the local police service and producing painted stones for use in treasure hunts by local kindergartens and childcare centres. The service is working towards ensuring that their staff support Māori residents in meeting their health needs and aspirations in the community. Bupa Longwood has a wheelchair accessible van and goes on outings following a reduction in the Covid traffic light level settings.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff (RNs, ENs and medication competent caregivers) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service currently uses robotics for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the three facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.</p> |

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| | | <p>All medications are checked weekly and signed on the checklist form. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP/NP. Ten electronic medication charts were reviewed. All medication charts reviewed identified that the GP/NP had reviewed them three monthly and each drug chart has photo identification and allergy status identified. There are no standing orders in use and no vaccines are kept on site. There were no residents self-administering medications.</p> <p>The clinical files included documented evidence that residents and their family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses and management described working in partnership with past Māori residents and whānau ensuring appropriate support and advice was timely, and easily accessed to better health outcomes.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>Not Applicable</p> | <p>The kitchen manager oversees the on-site kitchen, and all cooking is undertaken on site. There is a seasonal four-week rotating menu, which is reviewed by a dietitian at organisational level. The organisation is working towards how they can incorporate Māori residents' cultural values and beliefs into menu development and food service provision. A resident nutritional profile is developed for each resident on admission, and this is provided to the kitchen staff by registered nurses.</p> <p>There is a food control plan expiring 22 September 2022. Kitchen staff are trained in safe food handling. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa. Residents and family members interviewed indicated satisfaction with the food.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> | <p>FA</p> | <p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service, including being given options to</p> |

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| <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | | <p>access other health and disability services and social support or kaupapa Māori agencies were indicated or requested.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The building holds a current warrant of fitness which expires 19 November 2022. The maintenance person works 30 hours a week (Monday to Friday) and is available on-call after hours. There are maintenance request books for repair and maintenance requests located at reception. These are checked daily and signed off when repairs have been completed. The service has a 52-week annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing and tagging of electrical equipment have been completed and medical equipment, hoists and scales are next due for checking and calibration in August 2022.</p> <p>Although there are no current plans to expand the building, the organisation is aware of their obligation to ensure designs and environments reflect the aspirations and identity of Māori, for any new additions or new building construction that may arise in the future.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected</p> | <p>FA</p> | <p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. The last fire</p> |

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| <p>event.</p> | | <p>drill was held in July 2022.</p> <p>The building is secure after hours, staff complete security checks at night. Currently visiting is restricted. Visitors are instructed to press the doorbell for assistance and complete visiting protocols.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>Staff follow the organisation pandemic policy which is available for all staff. All staff and most residents have been double vaccinated and received boosters. Visitors are asked to be fully vaccinated. All new residents are requested to be vaccinated. Personal protective equipment (PPE) is ordered through the MOH, and stock balance is maintained to support any outbreak. Adequate PPE stocks were sighted, and outbreak kits are readily available. Bupa head office supplies extra PPE equipment as required.</p> <p>During Covid-19 lockdown there were regular zoom meetings with Bupa head office which provided a forum for discussion and support. The service has a Covid-19 response plan which was developed by the leadership groups and includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There was a declaration/sign in process including the use of a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>Personal protective equipment including eyewear was sighted in the sluice room/ laundry area. Staff have access to handwashing facilities and hand sanitiser is available throughout the facility. All shared equipment is cleaned between use, and all shared PPE (eye wear) is cleaned appropriately between use</p> <p>The organisation is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi. The organisation is working towards involving cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for</p> |

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| | | Māori residents. |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic data base. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections. The infection prevention and control programme links with the quality programme. There is close liaison with the GP/NPs that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the service. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>Infection control surveillance is discussed at quality, infection control and staff meetings and sent to Bupa head office. Meeting minutes and graphs are displayed for staff. The service receives email notifications and alerts from Bupa head office and Te Whatu Ora Southern for any community concerns.</p> <p>There have been two covid outbreaks since the previous audit. The facility followed their pandemic plan. All areas were kept separate, and staff were kept to one wing if possible. Staff wore personal protective equipment. Residents and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. Both outbreaks were documented and reported accordingly.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> | FA | <p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori, to</p> |

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| <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | | <p>promote and ensure services are mana enhancing.</p> <p>The general manager is the designated restraint coordinator. There are five residents listed on the restraint register as using a restraint (hospital level). The restraint register was maintained and current. Care plan interventions included risks, and monitoring requirements. Monitoring charts were completed accordingly. The use of restraint is reviewed three-monthly and, reported in the monthly clinical, staff and quality meetings and to the regional operations manager via the general manager. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p> |
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
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| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p> | PA Moderate | Due to covid restrictions around 50% of staff have not been able to renew first aid certificates. This is booked to occur later in 2022. | Around 50% of staff do not have a current first aid certificate. | <p>Ensure there is at least one member of staff on duty at any one time with a current first aid certificate.</p> <p>90 days</p> |

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.